Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Address of Service Provider: 412 East Madison, Suite 1000, Tampa, Florida 33602	
or similar designation is not acceptocation):	ed Agent to which Notification Should be Sent (a P.O. Box ptable except where it is the only address that can be used in the geographic dison, Suite 1000, Tampa, Florida 33602
Telephone Number of De	esignated Agent: 813-223-3224
Facsimile Number of Des	signated Agent: 813-316-0531
Email Address of Designa	ated Agent: mdolan@city-guide
Sigr	he Designating Service Provider: Date: 6-20-61
₹ • • • • • • • • • • • • • • • • • • •	nd Title: David G. Marshlack, Chairman

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee



Made Payable to the Register of Copyrights.

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